Effective on 12/08/2004.					Complete of Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL					Application Number 08/				
For FY 2009				Filing		9/12/1997 Michael Is			
TULF 1 2007					THOU THEMSE IN THE STATE OF THE				
Applicant claims small entity status. See 37 CFR 1.27					Distantification of the second		arette Matter		
TOTAL AMOUNT ON DAVISTRATE AND 100 00					Art Unit 3771				
TOTAL AMOUNT OF PAYMENT (\$) 130.00					Attorney Docket   3896 - 092985 (P-3818)				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES									
				mall Entity Fee (\$)	<u>Fee (\$)</u>	Emall Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	82	540	270	220	110	rees	Tara (b)	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85	<del>,</del>	<del></del>	
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
		110	U	U	U	U		Small Entity	
2. EXCESS CLAIM FEES Fee Description Fee (\$)								Fee (\$)	
Each claim over 20 (including Reissues) 52								26	
Each independent claim over 3 (including Reissues)  220								110	
Multiple dependent claims							390	195	
<u>Total Claims - 2</u>	20 or HP Extra Claims Fee		<u>ee (\$)</u>	Fee Paid (\$)		<b>Multiple Dependent Claims</b>			
		=	x	=	:		<u>Fee (\$)</u>	Fee Paid (\$)	
HP = highest number of	total claims pa	id for, if greater th	ian 20.						
Indep. Claims - 3	or HP	Extra Clair		ree (\$)	Fee Paid (\$)				
HP = highest number of	independent of	=	X	=	: 				
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under									
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)								Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1-month Petition For Extension of Time 130									
SUBMITTED BY									
Signature	Registration No. (Attorney/Agent) 37,891 Telephone 4							412-471-8815	
	Name (Print/Type) Kirk M. Miles Date Aug							10.0011	